## Quantity Purchase Agreement With The State Of Indiana

Vendor BONA VISTA PROGRAMS INC

Remit to: P O BOX 2496

KOKOMO IN 46904 2496

Name and BONA VISTA PROGRAMS INC Address Cntct: KELLY WERDAL

of Vendor: P O BOX 2496

1

KOKOMO IN 46904 2496

Qty Purchase Agreement QPA Number 00000000000000000000009821

Page

1 **of** 1

6.0000

Requisition Nbr.: Universal Spill Kits

Effective Date: 03/01/2005 Expiration Date: 02/28/2007

Agency Number: Facility:

Vendor Federal ID: 351017753

Vendor Telephone Nbr: 765/454-5344--Name Of Contact Pers: KELLY WERDAL FAX Number: 765/454-5343--

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement.

Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

Line Number Quantity UNIT Article and Description Unit Price

500.00 EA 00000000100012988 Universal Precaution Spill Kit with: 2 Paper Towels,1

Pair Latex Gloves,1 Packet Red Z Absorbent Powder,2 Towelettes,1 Spatual,1 Red Biohazard Trash Bag,1 Instructior

neu bioliazatu Trasii bay, i Ilistructio

The following UN/CEFACT Unit of Measure Common Codes are used in this document:

EA Each

Signature of Purchasing Officer	Typed Name	Signature Of Approval Office Of the State Attorney General	
	Date Signed	Typed Name	Date Signed
Authorized Signature Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis, Indiana 46204			

Telephone: (317) 232-3053